



ENLISTED PERSONNEL MANAGEMENT ELECTRONIC SOP

Cancellation of Foreign Service Tour Extension (FSTE)



Eligibility Criteria:

- **Must be serving in an overseas Long or Short tour area**
- **Must not be serving on approved FSTE**
- **Must not be flagged**

Documentation Required:

- **Memorandum of recommendation by BDE and Sep BN Cdr or DA Form 4187-1-R**
- **DA Form 4187**
- **Enlisted Records Brief (ERB) not more than 60 days old**

Approval Authority:

1st PERSCOM / HQDA

Disapproval Authority:

Delegated to G-1 Enlisted Personnel Management by MACOM Commander

PERSONNEL ACTION

For use of this form, see AR 600-8-6 and DA PAM 600-8-21; the proponent agency is ODCSPER

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Title 5, Section 3012; Title 10, USC, E.O. 9397.
PRINCIPAL PURPOSE: Used by soldier in accordance with DA PAM 600-8-21 when requesting a personnel action on his/her own behalf (Section III).
ROUTINE USES: To initiate the processing of a personnel action being requested by the soldier.
DISCLOSURE: Voluntary. Failure to provide social security number may result in a delay or error in processing of the request for personnel action.

1. THRU (Include ZIP Code)
 Commander
 Battalion Address

2. TO (Include ZIP Code)
 Commander
 1st Infantry Division
 ATTN: AETV-BGA-EPM
 APO AE 09036

3. FROM (Include ZIP Code)
 Commander
 Unit Address

SECTION I - PERSONAL IDENTIFICATION

4. NAME (Last, First, MI)
 ANY, SOLDIER

5. GRADE OR RANK/PMOS/AOC
 E-5/75H

6. SOCIAL SECURITY NUMBER
 000-11-2222

SECTION II - DUTY STATUS CHANGE (AR 600-8-6)

7. The above soldier's duty status is changed from _____ to _____
 _____ effective _____ hours, _____

SECTION III - REQUEST FOR PERSONNEL ACTION

8. I request the following action: (Check as appropriate)

<input type="checkbox"/> Service School (Enl only)	<input type="checkbox"/> Special Forces Training/Assignment	<input type="checkbox"/> Identification Card
<input type="checkbox"/> ROTC or Reserve Component Duty	<input type="checkbox"/> On-the-Job Training (Enl only)	<input type="checkbox"/> Identification Tags
<input type="checkbox"/> Volunteering For Oversea Service	<input type="checkbox"/> Retesting in Army Personnel Tests	<input type="checkbox"/> Separate Rations
<input type="checkbox"/> Ranger Training	<input type="checkbox"/> Reassignment Married Army Couples	<input type="checkbox"/> Leave - Excess/Advance/Outside CONUS
<input type="checkbox"/> Reassignment Extreme Family Problems	<input type="checkbox"/> Reclassification	<input type="checkbox"/> Change of Name/SSN/DOB
<input type="checkbox"/> Exchange Reassignment (Enl only)	<input type="checkbox"/> Officer Candidate School	<input checked="" type="checkbox"/> Other (Specify) Request for Cancellation of FSTE
<input type="checkbox"/> Airborne Training	<input type="checkbox"/> Asgmt of Pers with Exceptional Family Members	

9. SIGNATURE OF SOLDIER (When required)

10. DATE (YYYYMMDD)

SECTION IV - REMARKS (Applies to Sections II, III, and V) (Continue on separate sheet)

1. IAW AR 614-30, para 6-2 soldier requests cancellation of FSTE.

CURRENT DEROS:
 REQUESTED DEROS:
 ETS DATE:
 ARRIVAL DATE TO USAREUR:

2. I have not currently serving on an approved FSTE nor have I received and entitlements related to the approved FSTE.

2 Encl(s)

1. Brigade/ Seperate Battalion Commander Memorandum of Recommendation or DA 4187-1-R
2. Current legible ERB (60 days old or less)

SECTION V - CERTIFICATION/APPROVAL/DISAPPROVAL

11. I certify that the duty status change (Section II) or that the request for personnel action (Section III) contained herein -

☐ HAS BEEN VERIFIED ☐ RECOMMEND APPROVAL ☐ RECOMMEND DISAPPROVAL ☐ IS APPROVED ☐ IS DISAPPROVED

12. COMMANDER/AUTHORIZED REPRESENTATIVE

Commander's Full Name, Rank, Commanding

13. SIGNATURE

14. DATE (YYYYMMDD)